

GRAY/16348/

Patent  
Attorney's Docket No. 028723-061

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

|                                   |   |                       |
|-----------------------------------|---|-----------------------|
| In re Patent Application of       | ) |                       |
|                                   | ) |                       |
| Joe W. GRAY et al.                | ) | Group Art Unit: 1634  |
|                                   | ) |                       |
| Application No.: 08/478,387       | ) | Examiner: A. Marschel |
|                                   | ) |                       |
| Filed: June 7, 1995               | ) |                       |
|                                   | ) |                       |
| For: CHROMOSOME-SPECIFIC STAINING | ) |                       |
| TO DETECT GENETIC                 | ) |                       |
| REARRANGEMENTS ASSOCIATED         | ) |                       |
| WITH CHROMOSOME 3 AND/OR          | ) |                       |
| CHROMOSOME 17 (as amended)        | ) |                       |

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**AMENDMENT/REPLY TRANSMITTAL LETTER**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Enclosed is a reply for the above-identified patent application.

- ☒ A Petition for Extension of Time is also enclosed.
- ☐ Also enclosed is \_\_\_\_\_
- ☐ \_\_\_\_\_ statement(s) claiming small entity status  
☐ are also enclosed ☐ were submitted previously.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a)  
(146/246) is also enclosed.
- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

| AMENDED CLAIMS   |               |   |              |                         |            |
|--|---------------|---|--------------|-------------------------|------------|
|  | NO. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE                    | ADDT'L FEE |
| Total Claims   |               | MINUS =                                   |              | x \$18.00<br>(103)<br>= |            |
| Independent Claims   |               | MINUS =                                   |              | x \$78.00<br>(102)<br>= |            |
| If Amendment adds multiple dependent claims, add \$260.00 (104)        |               |   |              |                         |            |
| Total Amendment Fee  |               |   |              |                         |            |
| If small entity status is claimed, subtract 50% of Total Amendment Fee |               |   |              |                         |            |
| <b>TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT</b>                     |               |   |              |                         |            |

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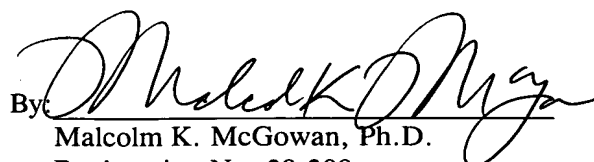
☐ A claim fee in the amount of \$\_\_\_\_\_ is enclosed.

☐ Charge \$\_\_\_\_\_ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

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